



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

GRANT COUNTY HEALTH DEPT. FOOD DIVISION 401 SOUTH ADAMS STREET MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Circle K # 2203, Telephone Number: (765) Establishment, Date of Inspection: 6-16-20, ID #: 27, Establishment Address: 901 E BRADFORD ST, Owner: MACS Convenience Store LLC, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Person in Charge: LARRY BROWN, Certified Food Handler: N/A

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Contains two entries: 295 NC Nacho Mqching tray soaked with dried debris (Today), 245 NC X washing cloth laying on fountain pop counter. needs put back in sanitizing bucket (Today)

Received by (name and title printed): Larry Brown, Inspected by (name and title printed): Scott K. Kendall / FS10, Received by (signature): [Signature], Inspected by (signature): [Signature]